Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

	OH CONCERNA			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.		
P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088			30-015-01692	<u>, </u>
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATELX	FEE
1000 RD BIZZE RU, AZZEL, NIVI 67410			6. State Oil & Gas Lease No.	
SUNDRY NOTIC	ES AND REPORTS ON	WELLS		///////
(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEE /OIR. USE "APPLICATION FOI	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
(FORM C-1	01) FOR SUCH PROPOSALS.)	H PEHMIT	Empire Abo Unit '	'F''
1. Type of Well:				
MET MET OY?	ones Gas	Injection		
2. Name of Operator			8. Well No.	
ARCO OIL AND GAS COMPANY 3. Address of Operator			31	
P. O. Box 1610, Midland, Texas 79702			9. Pool name or Wildcat Empire Abo	
4. Well Location	iu, 10xas 73702	31.	1 :	
Unit Letter B: 973.3	Bl Feet From The North	Line and1980	Feet From The East	Line
22	170			
Section 33	Township 17S	Range 28E ether DF, RKB, RT, GR, etc.)	NMPM Eddy	County
	/////	3671 GR		
11. Check A	ppropriate Box to Indica		eport or Other Data	
NOTICE OF INTE			SEQUENT REPORT OF:	
		_	SECOLIVI REPORT OF:	_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	· L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDO	ONMENT [
PULL OR ALTER CASING	-	CASING TEST AND O		
Convert to Gas Injection			EMENT JOB []	
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation	ms (Clearly state all pertinent detail	ils, and give pertinent dates, inclu	ding estimated date of starting any proposed	
work) SEE RULE 1103.				
Dwanaga ta t				
Propose to:				
l. Sqz existing	Abo perfs 5828-87		RECEIVED	
	•			
2. Do CR & Cmt.	Do CIBP at 6050,		uu 6.700	
	(107 2///000	1	JUL 6'30	
3. Acidize Abo p	erf 6107-34 w/4000	gais.	o . c. D.	
4. Run CA for ga	s injection.		ARTESIA, GRACE	
	J			
I hereby certify that the information above is true at	ad complete to the heat of my impulate	e and belief.		
SIGNATURE (12M GU) 2003	^ /		7-5-90	
SIGNATURE	nelk	mæ Engr. Tech.	DATE	
TYPEOR PRINT NAME Ken W. Gosne	11	915	/688-5672 TELEPHONE NO.	
ORIGINAL	SIGNED BY			
(This space for State Use) MIKE WIL	LIANS	•	JUL	0.1000
SUPERVIS	SOR, DISTRICT II	mle	DATE	9 1990